



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF INTELLECTUAL DISABILITIES SERVICES  
ANDREW JACKSON BUILDING, 15TH FLOOR  
500 DEADERICK STREET  
NASHVILLE, TN 37243**

**TITLE:** Requests for Emergency Service Authorization

**POLICY #:** P - 021

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**A. PURPOSE:** The purpose of this policy is to provide clarification about the process for handling requests for emergency authorization of waiver services covered through the Medicaid Home and Community-Based Services (HCBS) waiver programs and requests for emergency authorization of services state funded by the Division of Intellectual Disabilities Services.

**B. APPLICABILITY:** This policy applies to Regional Office staff who are responsible for authorizing emergency requests for Medicaid HCBS waiver services and state-funded services.

**C. DEFINITIONS**

1. **"Administrator on Duty" or "AOD"** means a person designated by the Regional Director to be available to respond to emergency requests for services outside usual business hours (i.e., 8:00 a.m. to 4:30 p.m. Monday through Friday) and on holidays.
2. **"HCBS waiver" or "waiver"** means a Home and Community Based Services waiver for persons with mental retardation that includes the following:
  - a. Home and Community Based Services Waiver for the Mentally Retarded and Developmentally Disabled (#0128.90.R2A.02) and any amendments thereto;
  - b. Home and Community Based Services Waiver for Persons with Mental Retardation (#0357.90.02) and any amendments thereto; and
  - c. Self-Determination Waiver Program (#0427.R01) and any amendments thereto.
3. **"Emergency Authorization"** means a service authorization that is needed prior to the next business day.

**D. DESCRIPTION OF POLICY**

1. **Emergency Authorization of a Service:** Emergency Authorizations are intended to be limited to those situations where, due to unforeseen circumstances, the service recipient needs a service prior to the next business day, and there is insufficient time for an ISP amendment to be submitted through the usual ISP amendment process.

2. Requesting Emergency Authorization of a Service
  - a. A provider may request Emergency Authorization of a waiver service or state-funded service by contacting the Administrator on Duty (AOD) by telephone or pager **outside usual business hours** (i.e., 8:00 a.m. to 4:30 p.m. Monday through Friday) or **on holidays**.
  - b. Upon receipt of a request for Emergency Authorization of a service, the AOD:
    - (1) Shall determine:
      - (a) Whether the requested service is a covered HCBS waiver service or a state-funded service; and
      - (b) If the service is a waiver service, shall determine whether the service is excluded from coverage based on age of the service recipient (e.g., non-coverage of behavior services for children under age 21) or failure to meet the waiver service definition;
    - (2) May require the provider to provide additional clarifying information by telephone, fax, or other means;
    - (3) Shall either authorize the request or refer it to the plans review director or designee in accordance with the following:
      - (a) If the AOD determines that the request is approvable, the AOD shall authorize an amount not to exceed an amount that is sufficient until the next business day; or
      - (b) If the AOD determines that the request does not qualify as emergency or that the request cannot be approved, the AOD shall refer the request to the plans review director or designee the next business day for further review; and
    - (4) Shall complete a **Request for Emergency Service Authorization** form (see Appendix A), indicating the disposition of the request (i.e., authorization or referral).
3. Processing Completed **Request for Emergency Service Authorization** Forms:
  - a. When the AOD approves a request for Emergency Authorization of a service, the AOD shall submit the completed **Request for Emergency Service Authorization** form to the Regional Office Administrative Services staff on the next business day, so that the cost plan can be updated.
    - (1) The approved **Request for Emergency Service Authorization** form shall be considered to be a type of amendment to the Individual Support Plan (ISP) and shall be maintained with the ISP. The Support Coordinator or case manager shall not be required to submit an amendment to the ISP unless the service needs to be continued beyond the time period covered by the emergency authorization.
    - (2) Regional Office Administrative Services staff shall distribute a copy of the approved **Request for Emergency Service Authorization** form to the Support Coordinator or case manager and to the applicable provider.
  - b. When the AOD determines that a request does not qualify as emergency or can not be approved and refers it for further review, the plans review director or designee shall contact the Support Coordinator or case manager, as applicable,

regarding the service request so that an ISP amendment and any necessary supporting documentation can be submitted.

4. If services are needed beyond the emergency authorization period, the ISC or case manager shall submit an ISP amendment and any necessary supporting documentation to the Regional Office the next business day.

E. **ATTACHMENTS:**

1. *Request for Emergency Service Authorization form*

F. **PREVIOUS POLICY:** Not applicable

G. **DATE APPROVED BY TENNCARE:** March 2, 2010

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H. **AUTHORITY:** TennCare Rules 1200-13-1-.25, 1200-13-1-.28, and 1200-13-1-.29.

I. **POLICY APPROVAL**

Joanna Damons by W. Moore, MD.  
Signature of Assistant Commissioner  
Office of Policy, Planning, and Consumer Services

3/3/2010  
Date

James R. Smith  
Signature of Deputy Commissioner  
Division of Intellectual Disabilities Services

3-8-2010  
Date

# REQUEST FOR EMERGENCY SERVICE AUTHORIZATION

This form is intended to be used only for an emergency request for authorization of a service outside usual business hours (i.e., 8:00 a.m. to 4:30 p.m. Monday - Friday) or on holidays, when the service is needed prior to the next business day. The authorization may not exceed an amount that is sufficient until the next business day. Upon approval, this form serves as an amendment to the ISP and must be maintained with the ISP.

Service Recipient \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

ISC/Case Manager \_\_\_\_\_ Provider \_\_\_\_\_

For HCBS Waiver Services Only (Please check YES or NO.)

YES NO

☐ ☐ Is the requested service consistent with the waiver service definition?

☐ ☐ If the service recipient is under age 21 years, is the service excluded from coverage based on age (e.g., Behavior Services for children)?

Service Name & Type of Request	Provider Name & Provider Code	Start Date & End Date	Unit Rate & Unit Type	# of Units & Cost	Decision	
					Approved	Referred for review
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TYPE OF REQUEST: 1. Continue the Service; 2. Add as New Service; 3. Delete the Service; 4. Increase the Service; 5. Decrease the Service.

Briefly describe the circumstances justifying the request for emergency authorization \_\_\_\_\_

Name of AOD \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorization Code: \_\_\_\_\_

Name of Plans Reviewer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_